



Moore Clinic Sponsorship Application Form

The Moore Orthopaedic Clinic is pleased to sponsor a variety of programs, causes and organizations. Due to the high volume of sponsorship requests, we ask that you complete this form in its entirety and submit to us no less than 4 weeks prior to the sponsorship deadline. We will contact you regarding your request within 2 weeks upon receipt of this form.

Name of Company/Organization/Cause: _____

Sponsorship Deadline (mm/dd/yyyy): _____

Requesting Person Information

Name (First and Last): _____ Title: _____

Phone #: _____ Email: _____

Fax (if applicable): _____

Nature of Sponsorship (check all that apply):

- Facility Utilization
- Monetary donation (amount) _____
- Staffing/Volunteers
- Supplies/Materials
- Other _____

Description of Sponsorship opportunity: _____

Brief overview of benefit to Moore Clinic: _____

Target audience: _____ # of attendees/observers: _____

(Print Name)

(Date)

(Signature)

Mail To:
Moore Orthopaedic Clinic
Attn: Matt Frick
104 Saluda Pointe Drive
Lexington, SC 29072

Fax To:
Moore Orthopaedic Clinic
Attn: Matt Frick
(803)227-8204